became fully established in the course of twenty-four hours from first being observed. The fever was very high, and the obstruction to the circulation through the lungs very imminent, and the characteristic symptoms of croupy inspiration alarming. These symptoms were treated, as usual, with promptness and the ordinary remedies. The patient was put under the influence of tartar emetic and calomel, and a large blister was applied to the neck. The next day the symptoms continued as before, but towards evening the third stage, or that of collapse, became established. The face became dusky, and the skin covered with a damp perspiration, the mouth and lips purple and congested, and the efforts at respiration alarming. Under these circumstances the antimonial and mercurial treatment was omitted, and recourse had to stimulants. He was ordered half an ounce of brandy, diluted, and a less quantity at intervals of an hour, or oftener, if it could be swallowed; this was accompanied by the administration of the chlorate of potassa every hour, in combination with good nourishment. The next day, though the breathing was very laboured and difficult, the child was decidedly relieved. He continued to mend under the above treatment by brandy, though for some days the chest symptoms rendered his recovery doubtful. In the remarks which Mr. Martyn offered on the case, he considered that the time for the successful use of tartar emetic, &c., soon passed away, and that exhaustion soon waits upon the patient and demands the opposite kind of treatment. He considered that brandy was in every way preferable to any of the other stimulants used in the third stage of croup, as ammonia, senega, and the like; it had the advantage of being acceptable to children, and of producing more decided and permanent effects than any other stimulant. He was then led to make a few remarks upon the general lowering and evacuating treatment adopted in all acute diseases, the effect of which, in conjunction with the spare and starving diet, soon reduce the patient to such a state of exhaustion as to render him unable to combat the symptoms of disease. Should we not, then, recognize this element in all such diseases more readily than we do, and be ready at an early stage to administer alcoholic stimulants as soon as the evacuants employed have had fair play? Surely it is too late to delay their administration until exhaustion has too truly developed itself. Such stimulants do not augment inflammation, but maintain the vital powers whilst the natural sources of power, as nutrition, are cut off; and if stimulants do not directly combat inflammation, they surely, by supporting the system, give opportunity and fresh impulse to those vital forces that are always tending to subdue inflammations.

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14. *Investigations regarding the Formation of Cavities in Tuberculous Lungs.*—The prevailing opinion with regard to the mode in which cavities form in tuberculous lungs is, that after the deposition of the morbid product, secondary ulcerative destruction takes place, by which a breaking up of the pulmonary tissue is effected. Dr. Hiego Rühle analyzes ten cases of phthisis pulmonalis, in which cavities were found, and concludes that they take their origin in dilatation of the bronchi; and that the ulcerative fusion of the parenchyma surrounding a tubercular deposit is, in the majority of instances, preceded by bronchiectasis. He finds that in proportion as the cavities diminish in size, the more unable we are to discover any limits between the mucous membrane of the bronchus leading into a cavity, and the membrane lining that cavity. The author is of opinion that the microscopic appearances of the membrane are not compatible with the view of its adventitious character. Moreover, the relation of the bronchus to the cavity is regarded as corroborative of Dr. Rühle's doctrine: "The cavities are always in direct communication with the bronchi, and only one bronchus opens into each of the cavities here alluded to, and the communication is not on one side, but the axis of the bronchus coincides with that of the cavity." The author does not inform us at what time the ulcerative process commences, but states, generally, that it ensues early, and that, although non-tubercular bronchiectasis may be accompanied by ulceration, the tubercular deposit possesses a peculiar power of exciting the ulcerative process in dilated bronchi.—*B. & F. Med.-Chirurg. Rev.*, Oct. 1855.

15. *Cases of Pharyngeal Abscess.*—Dr. Wm. Lochhead, of Glasgow, records (*Glasgow Medical Journal*, Oct. 1855) the two following interesting cases of pharyngeal abscess.

"*Case* 1.—On 1st April, 1855, I was called to an infant, aged six months, that was very much reduced by the discharge from abscesses, which had formed on various parts of the body, but which had now dried up. It was breathing with some difficulty, every inspiration being accompanied with a sound, as if the nasal passages were obstructed. On examining the nose, nothing could be found sufficient to account for the symptoms; neither was there any enlargement of the tonsils, nor indeed any morbid appearances, so far as I could observe, except that the mucous membrane was redder than natural, this being the only evidence of the presence of inflammation. The dyspnœa appeared to me to depend on some obstruction connected with the posterior nares, and not upon any inflammatory action going on in the organs of respiration, as the sounds of the chest were quite normal. I ordered the child to be placed in an easy posture, allowing it perfect liberty to move its head in whatever direction it seemed to be most at ease, while it was made to inhale the vapour from warm water, and had a blister applied to the nape of the neck. Next day, and indeed for several days afterwards, the breathing got very little worse. But on the 8th of April the symptoms were much aggravated, the breathing being accomplished with difficulty, and attended with a loud noise, the head thrown back, the face pale and anxious, and the mouth wide open, with great restlessness. On examining the throat minutely, there was observed the rounded form of an abscess, deep in the pharynx, situated in front of the fourth cervical vertebra. Its real position, however, could not be accurately ascertained, as retching was induced whenever the tongue was touched. I was satisfied that it was an abscess, from its having so suddenly assumed its present prominent position, nothing having been observed the day previously. Deeming the case now of sufficient interest and danger to justify a consultation, Dr. Lawrie was called in, who at once confirmed my views, both as regarded the nature of the case, and the immediate treatment to be adopted. The swelling being very deeply situated, and not easily brought into view, was with some difficulty reached; but by pressing down the tongue with the index finger of the left hand, a bistoury, guarded to within a short distance of its point, was thrust into the swelling, when there issued a copious discharge of pus, with instant relief to the little sufferer.

"On the 9th the dyspnœa had again partially returned, from the sac of the abscess having again filled. I did not, however, interfere until the symptoms were more urgent, thinking that the matter would soon find its way through the old opening. Early on the 10th I was summoned in great haste, as the child was said to be dying. I found all the appearances of impending suffocation more marked than ever they had been. So hastily, having guarded my abscess lancet, I proceeded to make a free incision into the tumour as far down as I could reach, when a large quantity of fetid pus was discharged, and complete and permanent relief followed. For a few days I emptied the sac occasionally, by pressing upon it with the finger; but from that time up to the 3d May the child has done well, and is at present in vigorous health.

"I ought, perhaps, to state that the patient had been put upon syrup of the iodide of iron, quinine, port wine, and every other means that could be thought of to improve the general health; but these means having nothing to do with the abscess under consideration, need not be enlarged upon.

"*Case* 2.—On the 2d of August, I was requested by my friend Mr. R. Renfrew to see a child, aged eleven months, with an inflamed submaxillary gland, which had been gradually subsiding under appropriate remedial measures. But as the dyspnœa seemed to increase, although the swelling was not so great, he thought there might be some inflammatory action going on in the larynx. On accurate examination, however, it was found to be a case of abscess in the pharynx. As the danger was not imminent, we agreed to defer interference until the swelling became more pointed. On the succeeding morning there was still no urgent necessity for interference, and as the breathing was not worse, we thought it better still to wait. In the evening the

symptoms became more alarming, the dyspnœa very great, and the abscess more enlarged and prominent. As I found great difficulty in reaching the abscess, guided, as in the former case, by the index finger, I pressed down the tongue by means of a spoon, bent to nearly a right angle, which enabled me to see the tumour, and to open it exactly in the mesial line, and at its most dependent part, which had the subsequent advantage of allowing the sac to empty itself completely, without further interference, which certainly happened, as the case gave no further trouble.

"*Remarks.*—These cases of abscess do not differ essentially in their nature from abscesses in general, but derive their peculiar interest from their situation alone; and as, according to the adage, to be 'forewarned is to be forearmed,' I may save some of my professional brethren much anxiety by having given them a hint regarding the formation and means of diagnosis of abscesses in this region of the body, I have presented the details at what some may think a greater length than their importance demands. When, however, we consider the comparative frequency of inflammation in the air-passages and surrounding structures, more especially in children and infants, practitioners cannot be too well acquainted with every concomitant circumstance that may assist the diagnosis in each particular case. Indeed, no one who had not really seen such cases as those described could believe the difficulty in the diagnosis in the earlier stages of the disease. For my own part, although watching my little patient carefully for some days, it was only when the case reached its height that I was sure of its real nature. Many might think they had to treat a case of ordinary laryngitis, when the violence of the dyspnœa suggests a particular examination of the air-passages, and an abscess is discovered.

"As to the exact situation of the abscess, I believe, in both cases, that it was about the fourth cervical vertebra, or between the fourth and fifth; but it is difficult to fix its real position, as the movable pharynx ascends when the tongue is pressed down. But from the great obstruction which it causes to the respiration, it appears to be immediately behind the larynx.

"The treatment, when the real nature of the case is made out, is simple enough, viz: to open the abscess in the mesial line, and at the most favourable point for the free exit of the pus. In order to avoid the loss of blood, which is of importance when the child is weak, and to prevent the necessity for a second operation, I would not recommend the use of the lancet until the abscess became well defined.

"The causes of pharyngeal abscess may be found in that of abscesses in general, and, consequently, the prophylactic as well as remedial measures must be adapted to the exigency of each particular case. But as my object in this paper has been merely to call attention to the termination of the inflammatory process, and to put upon record these two cases, it is not necessary to go into the origin and history of this very rare and highly interesting affection."

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16. *On Certain Cases of Intestinal Obstruction.*—Dr. James Paterson, in an interesting paper (*Glasgow Medical Journal*, July, 1855), makes the following useful practical remarks on this subject:—

"In ordinary circumstances, the normal action of the bowels is sufficiently provided for by the stimulant and lubricating effects of the bile and intestinal secretions, which have been poured into the canal to aid the digestive process; but where the relationship of the food on the one hand, and of the digestive juices on the other, has been disturbed, the function of the bowels becomes altered in proportion. In some instances, the character of the ingesta may be such as to provoke a superabundant flow of the digestive secretions, when a diarrhœa may result, and prove as effective in removing the evil as it is salutary. But, in the majority of instances, the opposite evil occurs. The secretions are thrown into the canal in quantities too small to insure the passage onwards of matters losing their own moisture and becoming excrementitious. Besides, being too dry in character, the food is, in all likelihood, such as, little by little, to overstimulate the liver, until it has become congested and sluggish, with a diminished excretion of bile. The portal system